## FACILITIES WORK ORDER REQUEST

INSTRUCTIONS: Complete sections 1 & 2 before routing to Facilities Manager.

| SECTION 1 - COMPLETED BY REQUESTOR  |                 |   |  |
|---|-----------------|---|--|
| Today's Date  | Your Name       | Your Extension  | Your Branch/Contract                   |
| 29 March 2018   | SHOFFNER, DAVID | 919-541-0894 or 9 Ex. 6 Personal Privacy (PP)                       | FMB                                    |
| Room Number or Location of Work   |                 | Your Project Number   |  |
| 128 – Freezer Room on 1st Floor   |                 |   |  |
| Description of Work To Be Done (Be brief, use page back if needed)  |                 |   |  |
| 1) Repair drain traps (2) for the sink and put sink back in operation.  |                 |   |  |
| Contact Dave Shoffner at 919-541-0894 (office) (Ex. 6 Personal Privacy (PP) ell) with any questions or issues.                    |                 |   |  |
| SECTION 2 - COMPLETED BY BRANCH CHIEF   |                 |   |  |
| Branch Chief Approval   |                 | Materials Funded By   |  |
| FMB MORSCHING, JAY  |                 | POS   |  |
| Requested Completion Date   |                 | Before starting clear with  |  |
| No later than 20 APR 2018   |                 | FMB MORSCHING, JAY  |  |
| This request \( \bigcup \text{ does take precedence over previous requests of above branch.} \)  X \( \bigcup \text{ does not} \) |                 | Notes   |  |
| SECTION 3 - COMPLETED BY FACILITIES MANAGER   |                 |   |  |
| Work Order Number   |                 | Date  |  |
| Approved (Facility Manager)   |                 | Approved (Health & Safety or Environmental Compliance, if required) |  |
| Work Assigned To  | Date            | Completion Date   | Total Cost                             |
| O&M   |                 |   |  |
| Project Labor Hours   |                 | Costs   | Material Costs (Attach Materials List) |
| Notes:  |                 | •   |  |